



OUO (when completed)

Prescription Drug Refill Request

RETURN COMPLETED FORM TO HBE

MS1015 or Fax 505-845-8190

<http://hbe.sandia.gov>

ALLOW AT LEAST 48 HOURS TO PROCESS

Name:		Date:		Patient info sticker
Last 4 digits SSN:		DOB:		
Health Plan: <input type="checkbox"/> United Health Care/ Pharmacare <input type="checkbox"/> CIGNA/Teldrug <input type="checkbox"/> Please call in prescription to pharmacy:				
Pharmacy Name	Pharmacy Location	Phone #	/	Fax #
<input type="checkbox"/> I will pick it up at HBE, Bldg. 831 reception window when ready.				
Drug Name	Dose	How To Take It	Supply	
			RX #	
			<input type="checkbox"/> 30-Day <input type="checkbox"/> 90-Day	
			RX #	
			<input type="checkbox"/> 30-Day <input type="checkbox"/> 90-Day	
			RX #	
			<input type="checkbox"/> 30-Day <input type="checkbox"/> 90-Day	

-----Administrative Use Only-----

Physician: Date: _____	DEA# _____
<input type="checkbox"/> Generic Substitution Authorized <input type="checkbox"/> Not Authorized	<input type="checkbox"/> Edward Cazzola, MD <input type="checkbox"/> Larry Clevenger, MD <input type="checkbox"/> Deborah Grady, DO
Refills Authorized: <input type="checkbox"/> 1 year <input type="checkbox"/> _____	<input type="checkbox"/> John Marsh, MD <input type="checkbox"/> Greg McCarthy, MD <input type="checkbox"/> Merrie Rockwell, DO <input type="checkbox"/> Rick Sauerman, MD

Nurse/Physician Representative: Date: _____	Time: _____
<input type="checkbox"/> Called in prescription, spoke to pharmacist: _____	
<input type="checkbox"/> Called in prescription, left voicemail message. _____	

Customer Service Representative:	Initials:	Date:
<input type="checkbox"/> Initiate RNT ticket if not logged into system		
<input type="checkbox"/> Check Appointment History: Last Appointment _____ Next (schedule as needed): _____		
<input type="checkbox"/> Pull Chart, Route to Physician		
<input type="checkbox"/> For outside pharmacy requests, fax signed form back to pharmacy and call to verify receipt		
<input type="checkbox"/> Notify patient of completion by completing RNT ticket		

Note to patient:

- ☐ Allow a minimum of 48 hours to process your request.



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- ☐ To ensure ease and timeliness in completing your prescription refill request, fully complete the requested pharmacy and prescription drug information.
- ☐ Return the completed form to the Health, Benefits and Employee Services: Mailstop 1015 or Fax#: (505) 845-8190 or submit an electronic request at <http://hbe.sandia.gov> by completing an answer search for "Prescription Refill".
- ☐ Prior to processing your request, your HBE appointment history will be verified. If you have not seen the HBE physician prescribing your medication in the last 6 months, you will be required to schedule a follow-up appointment to discuss the medication.

For prescriptions called into the pharmacy of your choice:

- ☐ You will be notified via email when your prescription refill request has been processed.
- ☐ Before going to the pharmacy, please call them to ensure they have completed your prescription request.

For prescription pick-ups at Bldg. 831 receptionist window:

- ☐ You will be notified via email when your prescription refill request has been processed.
- ☐ Your prescription note will be left at the reception window of the Health Services Center for pick-up.
- ☐ Bring a picture ID to pick-up your prescription.

Track the status of your request by going to your "My Stuff" tab located at <http://hbe.sandia.gov>.